



Keeping Seniors Independent

VOLUNTEER APPLICATION

12183 Locksley Lane, Suite 205, Auburn, CA 95602

530-889-9500 x206/530-889-0190 fax

www.seniorsfirst.org

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Cell#: _____ Email: _____

Date of Birth: _____ Would you like to receive our *electronic* newsletter? YES NO

Emergency Contact: _____ Relationship: _____ Phone #: _____

PLEASE INDICATE WHICH PROGRAM(S) YOU ARE INTERESTED IN:

- Recreation and Respite:** Adult day care program for seniors with physical or memory impairments. Auburn: Tues/Wed volunteers 8:15 am – 1:15 pm; Lincoln: Mon/Wed/Thurs/Fri 8:15 am – 1:15 pm.
- Friendly Visitor:** Visit & socialize with a senior once a week in their home for an hour. Mon.– Sun.
- MyMeals Driver:** Volunteers deliver a hot lunch to seniors at their home, from 11 am – 1 pm. Deliveries are done Mon. – Fri. Volunteers can volunteer one day or more.
- MyRides Driver:** Volunteers give a ride to a senior to a grocery store, doctor’s appointment, etc. Ride service is provided Mon. – Fri., 8 am – 4 pm and volunteers can choose the time(s) and day(s) they want to volunteer.
- Flyer Distribution:** Post flyer to recruit volunteers at assigned businesses in Placer County.
- Home Modification and Safety Repairs:** Volunteers install safety modifications such as grab bars, railings, and light repairs for plumbing, electrical, smoke detector installation, weather stripping, garbage disposal, etc.
- Office:** Assist in Seniors First office as needed.
- Days/Hours Available:** _____

For Recreation & Respite Only: Please check what services you are most interested in providing:

___ Companion ___ Assisting w/Activities ___ Office ___ Promoting Program ___ Other _____

Please check which program location you wish to volunteer at: ___ Auburn ___ Lincoln

Physical Condition: (Check One) Excellent Good Fair Poor Limitations: _____

Licenses, degrees or certifications: _____

Pertinent training, hobbies, skills you can share: _____

Why would you like to be a Seniors First volunteer? _____

How did you hear about us? _____ Languages (other than English): _____

How long would you be able to make a commitment to a volunteer position? _____

All volunteers must complete the section below, *except* for Recreation & Respite volunteers:

Driver’s License#: _____ State: _____ DL Expiration: _____

Vehicle Make: _____ Model: _____ Year: _____ Insurance Co: _____

Insurance expiration: _____ Mileage Reimbursement: YES NO (*MyMeals & MyRides only*)

COPY OF DRIVERS LICENSE AND INSURANCE CARD ALSO REQUIRED FOR ALL VOLUNTEERS

(except for Recreation & Respite)

PLEASE COMPLETE BACK

Have you ever been convicted of anything other than a minor traffic violation?

YES NO If yes, explain: _____

All volunteer applicants must provide two references that will remain confidential information:

Please list two names (other than family) that we may contact for personal references. Please print and provide a phone number or email address.

Name: _____ Phone: _____

Years Known: _____

Name: _____ Phone: _____

Years Known: _____

Volunteer Agreement

1. Each volunteer is required to attend a training orientation.
2. All volunteers are mandatory reporters (read, sign, and review occasionally).
3. All client information is held in strict confidence.

Photo Release Agreement

I hereby consent to and authorize the use and reproduction, in print or electronic format by *Seniors First* or anyone authorized by *Seniors First*, of any and all photographs which have been taken for any publicity purpose, without compensation. All images: electronic, negatives, positives, together with the prints, are owned by *Seniors First*.

The information given above is true and accurate. I hereby agree to all listed requirements.

Signature: _____ Date: _____

Investigative Consumer Report

Thank you for considering *Seniors First* as a place to donate your time and talents. Our volunteers are vital to us and without them, we wouldn't be able to meet the needs of our older adults in Placer County. At *Seniors First*, our seniors rely on us to provide them with needed support services. Because their safety and well-being is so critical, we require all volunteers to complete an Investigative Consumer Report (background check). You may also request a copy of the report. We will send you the Disclosure and Authorization form for your approval and signature, and then we will provide a website address and password, so that can directly input your personal data to initiate the background check. Please check below and sign to indicate you agree to this background check.

Please note if you are willing to donate \$15 for the cost of the report: YES NO

Signature: _____ Date: _____